

LOUISIANA'S START SAVING PROGRAM

SUBSTITUTE BENEFICIARY FORM

START Saving Program
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SECTION A: ACCOUNT OWNER'S IDENTIFICATION. This form is used only to change the current Beneficiary of your account. The Account Owner must complete all sections of this form. **Type or Print in ink.**

Account Owner's Last Name	First Name	MI
Social Security/Tax ID Number _____ Account Number _____		

SECTION B: CURRENT BENEFICIARY OF THIS ACCOUNT. Complete the following about the current Beneficiary of this account.

Current Beneficiary's Last Name	First Name	MI
Social Security Number _____		
Relationship of this Beneficiary to the Substitute Beneficiary in Section C? _____		

SECTION C: IDENTIFY THE SUBSTITUTE BENEFICIARY. Complete the following information about the replacement Beneficiary who will now receive benefits from this account. In your Owner's Agreement, if you named your Beneficiary as the successor Account Owner in the event of your death; this Beneficiary will acquire that legacy.

Substitute Beneficiary's Last Name	First Name	MI
Sex (Check One): <input type="checkbox"/> Male <input type="checkbox"/> Female Social Security Number _____		
Date of Birth (Month/Day/Year) _____ State of Residence: _____		

Permanent Mailing Address: _____

City _____ Parish/County _____ State _____ Zip Code _____

Relationship of the Account Owner to this Substitute Beneficiary? (Check all that apply):

☐ A. Parent, Grandparent, Custodian, Claim the Beneficiary on your Federal Tax Return
☐ B. Other Family Member _____ (Indicate Relationship)
☐ C. Self (Qualifies as an Independent Student)
☐ D. Not Related

SECTION D: SELECTION OF POSTSECONDARY INSTITUTION. Enter the name and address of the school the Beneficiary named in Section C is most likely to attend. If left blank, we will assume attendance at the highest cost Louisiana public institution. The Account Owner may change the projected school of enrollment at a later date.

Name of School	City/State	Projected Date of First Enrollment (Month/Year)
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SECTION E: ACCOUNT OWNER'S AUTHORIZATION

I hereby authorize you to make the changes in my account as specified above.

Account Owner's Signature: _____ Date: _____